

**MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES COMMISSION**  
**Workgroup on Prevention**

**Thursday June 19, 2008**

**1:00-3:30 at the MDRC Conference Room**

**AGENDA**

- I. Introductions
- II. Review notes, work from last meeting
- III. Review previously set 3 major priorities.
- IV. Promoting the Use of Assistive Technology as a Prevention Tool
  - a. Current activities in AT and LTC – Aimee Sterk
  - b. Brainstorm strategies to recommend to the LTCSS Commission.
- V. Supporting the Infrastructure of Chronic Care Management
  - a. Brainstorm strategies to recommend to the LTCSS Commission.
- VI. Supporting Caregivers
  - a. Report on meeting with Rhonda Montgomery
  - b. Coordinating with the Dementia Coalition workgroup
  - c. Brainstorm strategies to recommend to the LTCSS Commission.
- VII. Follow-up
  - a. Resource Development within Long-Term Care Connections – a web-based system. Jane Church, SueAnn McBrien and RoAnne
- VIII. Set next meeting place and time.
  - a. August 14, 2008
  - b. Capitol View A

**Michigan Long Term Care Supports and Services Commission**  
**Workgroup on Prevention**  
**Meeting Minutes**  
**June 19, 2008**

Present: RoAnne Chaney, Aimee Sterk, Andy Farmer, Nora Barkey, SueAnn McBrien, Marci Cameron, Sarah Szwejda, Tina Abate-Marzoff.

I. Update on Assistive Technology (AT) Program – Aimee Sterk

Every state has an AT Program. In MI DLAG– Vocational Rehabilitation Program Program run through MI Rehab Services (MRS) – [www.ATXchange.org](http://www.ATXchange.org)

- AT Exchange is a way to obtain, exchange, or donate assistive technology.
- The equipment runs the gamut from simple to highly specialized technology
- Currently 153 items on the site
- Also contracted to provide demonstrations to other organizations about how to use the sites and equipment capabilities.
- Conduct periodic training on assistive technology at times too. Topics include AT for Cognitive Issues; AT for blind/deaf; AT for TBI
- There is a financial loan program to help people obtain AT
- Top AT uses: bathing, dressing, fall prevention, socialization
- Top causes of hospitalizations: falls; medication problems
- Top AT uses: Grab bars (toilets/showers); Motion detecting lights in the bathroom, assistive listening devices, photo phone,

Brainstorming Issues:

MDS Assessment:

- Not specific to AT
- Care Management clients use AT – but not as regularly as those who have a comprehensive AT assessment

Reimbursement for AT is limited. Most not covered under Medicare. MI Choice is also limited. The definition for DME covers some items – and the doctor may need to order it. Medical necessity, Dr. order, and list of approved DME devices.

Staff Training: How to use AT to assist individuals? How to use of CLS definition could incorporate some of these creative assistive living technologies? How to relate AT to services to more traditional HCBS (i.e., personal care)

Special Projects:

- Pilot ideas for individuals currently on the wait list
- AT Presents diversion strategy opportunities
- AT as a strategy to maintain individuals in the home
- AT is complimentary to the discussion on environmental
- AT needs mass marketing to the general public

- We could work with Dementia Coalition to find things that might help individuals. Tina to send a report on the nutrition pilot program which incorporated AT.

#### Advocacy Strategies:

Create a universal list of AT supplies that could be readily available through a variety of payer sources.

Communicate with LTC Insurance industry to support AT

Work with MDCH to expand the list of covered AT supplies

Address home modifications in a more comprehensive way

#### **Chronic Care Management:**

- Tina to contact Sherri King to ask for an update on her Chronic Care workgroup.
- Discussion about ensuring support for other chronic care work.
- Discussion about making contact with individuals from the other workgroups at the next meeting.
- A strategy discussed is how to be sure we've included/supported the work of these other groups into our recommendations.

#### **Caregiver Support**

- Update from RoAnne, Nora, and Marci about their meeting with Rhonda Montgomery. Her software tool includes a comprehensive caregiver assessment and includes care plan development and resource provision. The resources are tailored to local availability. She is piloting the software now – and will train Care Managers on how to use the tool. The pilot is scheduled to run through August 09. What makes her program unique is that it offer much more than respite – it offers resources to cope with the psychological aspects of caregiving.
- Respite sometimes can be viewed offensively by some in the disability rights community. Many adults with disabilities do not view their family relationships as “caregiving” and their support needs should be viewed as something they need to manage. Respite to caregivers implies the person’s support is all controlled and managed by the “caregiver” when this is sometimes, but certainly not always true.
- It was discussed that our group should work to build understanding and support for how the concepts of PCP and caregiver needs can be supported/integrated. PCP and caregiver needs may be complementary and sometimes in conflict. The LTC Commission could help integrate these two areas.
- The commission could also work to build a shared advocacy agenda.

Workgroup members RoAnne and Sueann McBrien met with Jane Church to provide assistance and input to the health promotion and caregiver support aspects of the developing web resource data base.

It was decided to re-schedule the August meeting to **September 11, 2008 1:30 to 3:30 PM at the MDRC office.**